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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	1011-287
	First Inventor or Application Identifier	Paola LENTI
	Title	Modular coating ... and the like
	Express Mail Label No.	EL740689769US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages <b>11</b> ] (preferred arrangement set forth below) - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>3</b> ]	<b>ACCOMPANYING APPLICATION PARTS</b> 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee) <input type="checkbox"/> Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> * Small Entity Statement(s) filed in prior application, Status still proper and desired (PTO/SB/09-12) 14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:
4. Oath or Declaration [Total Pages <b>1</b> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	

\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. **CORRESPONDENCE ADDRESS**

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Name (Print/Type)	James V. Costigan, Esq.	Registration No. (Attorney/Agent)	25,669
Signature		Date	4/16/01

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2000</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.</p>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">Not Yet Assigned</td> </tr> <tr> <td>Filing Date</td> <td>Concurrently Herewith</td> </tr> <tr> <td>First Named Inventor</td> <td>Paola LENTI</td> </tr> <tr> <td>Examiner Name</td> <td>--</td> </tr> <tr> <td>Group / Art Unit</td> <td>--</td> </tr> <tr> <td>Attorney Docket No.</td> <td>1011-287</td> </tr> </table>		Application Number	Not Yet Assigned	Filing Date	Concurrently Herewith	First Named Inventor	Paola LENTI	Examiner Name	--	Group / Art Unit	--	Attorney Docket No.	1011-287
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TOTAL AMOUNT OF PAYMENT		(\$ ) 355.00													

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																								
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 08-1540</p> <p>Deposit Account Name: Hedman &amp; Costigan P.C.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>	<p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	James V. Costigan	Registration No. (Attorney/Agent)	25,669
Signature		Telephone	212-302-8989
		Date	4/16/01

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